

**Texas Department of Insurance, Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609

**MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION****PART I: GENERAL INFORMATION**

Requestor's Name and Address:	MFDR Tracking #:	M4-09-B719-01
	DWC Claim #:	
	Injured Employee:	
	Date of Injury:	
Respondent Name and Box #:  PACIFIC EMPLOYERS INSURANCE CO. REP. BOX 15	Employer Name:	
	Insurance Carrier #:	

**PART II: REQUESTOR'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Requestor's Position Summary: "First of all I have always choose the doctor I wanted to see. 2. I have taken the same medication for over 4 yrs. 3. My problem with Rosemary started after my wife called her supervisor [sic] about Rosemary having her refax the same paper work over & over. 4. Now since I called her suprviser [sic] I am having more problems getting reimbursed for out of pocket expenses. 5. She told me that she would pay me for this bill, also she told me what to ask for and what to write. Since she has never been able to find a Pain Management Doctor that takes Worker Comp I have to pay first then wait to get my money back. I try to find the cheapest doctor and pharmacy because I don't have the money to pay for the high cost of the doctor visit and for medication. 7. She didn't find Dr. Hielman or Dr. Stacks I did. Now she saying I cant find my own doctor. This is only because I called her supervisor [sic]."

Principle Documentation:

1. DWC 60 package
2. Total Amount Sought - \$228.00

**PART III: RESPONDENT'S POSITION SUMMARY AND PRINCIPLE DOCUMENTATION**

Respondent's Position Summary: "...[Injured worker] has failed to state a valid reason why the disputed amount should be reimbursed. Proof of payment does not demonstrate that the reimbursement sought is for charges related to the compensable injury. No denial of reimbursement from the carrier was included in the DWC60 Request. The physician listed on the prescription receipts is not the treating doctor. The receipt for \$80 has not indication of a provider, service or anything else to relate it to the injury made the basis of this claim. Charges for treatment with the treating doctor are being processed through the carrier. Carrier asks for dismissal of MDR #M4-B719-01 as that this request for medical fee dispute is incomplete and improper as outlined above..."

Principle Documentation:

1. Response to DWC 60

**PART IV: SUMMARY OF FINDINGS**

Eligible Dates of Service (DOS)	CPT Codes and Calculations	Part V Reference	Amount Ordered
07/07/09	Prescription Medication – Multiple Vitamin, Alprazolam 2 MG tab and Hydrocodone/APAP	1 – 3	\$0.00
07/07/09	Doctor visit	1 – 3	\$0.00
<b>Total:</b>			\$0.00

## PART V: REVIEW OF SUMMARY, METHODOLOGY AND EXPLANATION

Texas Labor Code Section 413.011(a-d), titled *Reimbursement Policies and Guidelines*, and 28 Texas Administrative Code (TAC) Section 133.270, titled *Injured Employee Reimbursement for Health Care Paid*, effective for services on or after May 2, 2006, and Section 134.504, titled *Pharmaceutical Expenses Incurred by the Injured Employee*, effective for services on or after March 14, 2004 set out the reimbursement guidelines.

1. In accordance with 133.270(a & b) the injured employee may request reimbursement from the insurance carrier when the injured employee has paid for health care provided for a compensable injury and that the request for reimbursement shall be legible and shall include documentation or evidence, such as itemized receipts) of the amount the injured employee paid the health care provider. The injured workers submitted information that shows submission to the adjustor on July 13, 2009; however, according to the Texas Labor Code Section 408.022(a), except in an emergency, the division shall require an employee to receive medical treatment from a doctor chosen from a list of doctors approved by the commissioner. A doctor may perform only those procedures that are within the scope of the practice for which the doctor is licensed. The employee is entitled to the employee's initial choice of a doctor from the division's list. According to the medical dispute information system the treating doctor of record is Dr. Alan E. Heilman; the receipts submitted by the claimant show that Dr. Levenson Shirley was the doctor the claimant saw for treatment of the compensable injury. The prescription receipts show that Dr. Shirley is the doctor that prescribed the medications in dispute. Review of the information system for the Division of Workers' Compensation does not contain form DWC-53 requesting a change in treating doctor's from Dr. Heilman to Dr. Shirley.
2. Therefore, for the reason above reimbursement cannot be recommended.

## PART VI: GENERAL PAYMENT POLICIES/REFERENCES

Texas Labor Code Section 408.021, Section 413.011(a-d), Section 413.031, Section 408.022(a) and Section 413.0311  
28 Texas Administrative Code Section. 133.307, 133.270, 134.504  
Texas Government Code, Chapter 2001, Subchapter G

## PART VII: DIVISION DECISION

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Section 413.031, the Division has determined that the Requestor is not entitled to reimbursement for the services involved in this dispute.

### DECISION:

_____	_____	October 20, 2009
Authorized Signature	Auditor III	Date
	Medical Fee Dispute Resolution	

## PART VIII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division Rule 148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 Rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**